

Case Number:	CM15-0243405		
Date Assigned:	12/22/2015	Date of Injury:	04/23/2013
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male who sustained an industrial-work injury on 4-23-13. The injured worker was diagnosed as having shoulder and back injury with cervical disc displacement, cervico-brachial syndrome, cervicalgia, intervertebral disc displacement, radiculopathy of cervical region, bursitis of right shoulder, laceration of muscles and tendons of the rotator cuff on right shoulder, major depressive disorder, single episode, and anxiety disorder. Treatment to date has included medication: Norco, Ibuprofen, Amitriptyline; physical therapy, surgery (cervical fusion), injections for right shoulder, functional capacity evaluation. Currently, the injured worker complains of constant severe to 8 out of 10 achy, sharp neck pain, stiffness, heaviness, numbness, tingling, and weakness radiating to the right shoulder down to the arm and hand with numbness, tingling and weakness. Mediation gives relief. Lumbar spine pain is constant, 7 out of 10 burning low back pain, stiffness, heaviness, numbness, tingling, and weakness radiating to bilateral with tingling and weakness with relief from medication. The right shoulder was achy, sharp, right shoulder pain stiffness, tingling, radiating down to the left arms and fingers with numbness and tingling with relief with medication. There was also depression and anxiety. Per the primary physician's progress report (PR-2) on 11-6-15, exam noted cervical-lumbar-shoulder decreased range of motion, cervical compression causes pain, straight leg raise is positive bilaterally, supraspinatus press causes pain and apprehension causes pain. The Request for Authorization requested service to include Ibuprofen 800mg #90 Q6-8H PRN DS: 30. The Utilization Review on 11-20-15 denied the request for Ibuprofen 800mg #90 Q6-8H PRN DS: 30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ibuprofen 800mg #90 Q6-8H PRN DS: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on opioids and Norco for several months without significant improvement in pain. The claimant is no longer on Hydromorphone. Addition and short trial of Ibuprofen is appropriate to improve pain control.